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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Inspection

A For the 2012 calendar year, or tax year beginning AUG 1. 2012 and ending JUL 31, 2013 Check if C Name of organization D Employer identification number NU CHAPTER OF GAMMA PHI BETA SORORITY, I Name change Doing Business As 93-0171801 ]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-1021 HILYARD ST 541-344-1606 Amended return City, town, or post office, state, and ZIP code 555,246. G Gross receipts \$ Applica-EUGENE, OR 97401 H(a) Is this a group return pending F Name and address of principal officer: EMILY PELLEGRINI for affiliates? Yes X No SAME AS ABOVE H(b) Are all affiliates included? Yes No 501(c)(3) X 501(c) ( I Tax-exempt status ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► N/A H(c) Group exemption number ► 0198 K Form of organization: X Corporation Trust Association Year of formation: 1908 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A LOCAL CHAPTER OF A NATIONAL SORORITY. IT CONDUCTS ACTIVITIES TO PROMOTE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets SCANNED JAN 1. 0 2011. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 7,190 10,445. 452,100. Program service revenue (Part VIII, line 2g) 519,742. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39. 10 43. 893. 467. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part / Hil golumn A), line 12) 530,693. 457,440 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX Bolumn (A), lines 5-10)

16a Professional fundraising fees (Part Ropplumn (A), line 11e) 0. 0. 0. 0. b Total fundraising expenses (Part IX, column (D) line 25) 0. 17 Other expenses (Part IX, column (A), lines (14), 111-24e) 448,293. 517,235. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 448,293. 517,235. Revenue less expenses. Subtract line 18 from line 12 9,147. 13,458. Assets or Balances **Beginning of Current Year** End of Year 79,199. 97,110. Total assets (Part X, line 16) 4,453. Total liabilities (Part X, line 26) 199. Net assets or fund balances Subtract line 21 from line 20 92,657. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (offer than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign AUDREY GRÁSER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 11-26-13 P01458096 Paid WILLIAM E. MAAS self-employed Firm's EIN Preparer Firm's name WILLIAM E MAAS, PC 93-1223476 Firm's address > 925 COUNTRY CLUB RD, SUITE 101 Use Only EUGENE, OR 97401-2271 Phone no. 541-345-3900 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2012) LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|     | rt III Statement of Program Service Accomplishments  | 2        |
|-----|--|----------|
| Га  | <del></del>  | 7        |
| _   | Check if Schedule O contains a response to any question in this Part III   |          |
| 1   | Briefly describe the organization's mission.  THE SORORITY PROVIDES ROOM AND BOARD TO APPROXIMATELY 70 STUDENTS AT   |          |
|     | THE UNIVERSITY OF OREGON AND CONDUCTS ACTIVITIES TO PROMOTE THEIR  | —        |
|     |  | _        |
|     | CULTURAL, SOCIAL, AND EDUCATIONAL GROWTH.  | —        |
| _   | Did the second s | —        |
| 2   | Did the organization undertake any significant program services during the year which were not listed on   |          |
|     | the prior Form 990 or 990-EZ?  | 0        |
| _   | If "Yes," describe these new services on Schedule O  |          |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.  | 0        |
|     | If "Yes," describe these changes on Schedule O.  |          |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  |          |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   |          |
|     | revenue, if any, for each program service reported   |          |
| 4a  |  | _ )      |
|     | GENERAL SORORITY ACTIVITIES, INCLUDING ROOM AND BOARD.   | _        |
|     |  | _        |
|     |  | _        |
|     |  | _        |
|     |  |          |
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|     |  |          |
|     |  | _        |
|     |  | _        |
|     |  |          |
|     |  |          |
|     |  | _        |
| 4b  | (Code) (Expenses \$  | <u> </u> |
| 710 | (Code) (Expenses \$ including grants of \$) (Revenue \$  | , ,      |
|     |  |          |
|     |  |          |
|     |  | _        |
|     |  | _        |
|     |  | _        |
|     |  | _        |
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|     |  | _        |
|     |  | _        |
| 4c  | (Code) (Expenses \$  | )        |
|     |  |          |
|     |  |          |
|     |  | _        |
|     |  | _        |
|     |  | _        |
|     |  | _        |
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|     |  | _        |
|     |  |          |
|     |  | _        |
|     |  | _        |
|     |  | _        |
| 4d  | Other program services (Describe in Schedule O.)   |          |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )  | _        |
| 4e  | Total program service expenses ► 486,613.  |          |
|     | Form <b>990</b> (201)  | 2)       |

|     |  |          | Yes          | No       |
|-----|--|----------|--------------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |          |              |          |
|     | If "Yes," complete Schedule A  | 1        |              | X        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2_       |              | X        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |              |          |
|     | public office? If "Yes," complete Schedule C, Part I   | 3        |              | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |          |              |          |
| _   | during the tax year? If "Yes," complete Schedule C, Part II  | 4        |              |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _        |              | 7.7      |
| _   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5        |              | <u>X</u> |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | _        |              | v        |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |              | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _ '      |              | v        |
| 8   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 7        |              | <u>X</u> |
| ٥   | Schedule D, Part III   | 8        |              | х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  | -        |              | Λ        |
| 9   | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          |              |          |
|     | If "Yes," complete Schedule D, Part IV   | 9        |              | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |          |              |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       |              | X        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |          |              |          |
|     | as applicable.   |          |              |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |          |              |          |
|     | Part VI  | 11a      |              | Х        |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |          |              |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |              | Х        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |          |              |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |              | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |          | ·            |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |              | X        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      |              | <u>X</u> |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          | į            |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f      |              | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |              |          |
|     | Schedule D, Parts XI and XII   | 12a      |              | X        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |          | ŀ            |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      |              | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |              | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,               | 14a      | +            | X        |
| D   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 1 1      | - 1          |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |              | x        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  | 140      |              |          |
| 13  | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15       | ŀ            | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   | 15       |              |          |
| 10  | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16       | ĺ            | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | <u>.</u> | $\neg$       |          |
| ••  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       | ļ            | Х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |          | $\neg$       |          |
| -   | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       |              | Х        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |          |              |          |
|     | complete Schedule G, Part III  | 19       |              | <u>X</u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |              | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b      |              |          |
|     |  | _        | 000 <i>~</i> |          |

| Form 990 (2012)        | NU     | CHAPTER     | OF     | GAMMA    | PHI | BETA | SORORITY, | I | 93-0171801 | Page 4 |
|------------------------|--------|-------------|--------|----------|-----|------|-----------|---|------------|--------|
| Part IV Checklist of F | Requir | ed Schedule | es (co | ntınued) |     |      |           |   |            |        |

|     |  |        | Yes | No       |
|-----|--|--------|-----|----------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the                    |        |     |          |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21     |     | Х        |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,             |        |     |          |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22     |     | Х        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current               |        |     |          |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                           |        |     |          |
|     | Schedule J   | 23     |     | _X_      |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                  |        |     |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                       |        |     |          |
|     | Schedule K. If "No", go to line 25   | 24a    |     | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b    |     |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                     |        |     |          |
|     | any tax-exempt bonds?  | 24c    |     |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                  | 24d    |     |          |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                       |        |     |          |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a    |     |          |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and               |        |     |          |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                    |        | ł   |          |
|     | Schedule L, Part I   | 25b    |     |          |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified          |        |     |          |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                  | _26    |     | _X_      |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                     |        |     |          |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member                      |        |     |          |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27     |     | <u>X</u> |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                        |        | - 1 |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions).  |        |     |          |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                  | 28a    |     | <u>X</u> |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV               | 28b    |     | X        |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,          |        |     |          |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c    | -   | <u>X</u> |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                 | 29     |     | <u>X</u> |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation              |        | ļ   |          |
|     | contributions? If "Yes," complete Schedule M   | 30     | -+  | <u>X</u> |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |        |     | 77       |
| ^^  | If "Yes," complete Schedule N, Part I  | 31     |     | <u>X</u> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                         |        |     | 37       |
| ^^  | Schedule N, Part II  | 32     |     | <u>X</u> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                               |        |     | 37       |
| 24  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33     |     | <u>X</u> |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 |        |     | v        |
| 25. | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34     | -   | X        |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                | 35a    |     |          |
| U   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b    |     |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?               | 330    |     |          |
| -   | If "Yes," complete Schedule R, Part V, line 2  | 36     |     |          |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                         | 36     | +   |          |
| -·  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                             | 37     |     | Х        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                           |        | +   |          |
| _   | Note. All Form 990 filers are required to complete Schedule O  | 38     | x   |          |
|     |  | Form 9 |     | 012      |

| Form | 990 | (2012) |
|------|-----|--------|
| rom  | 990 | (2012) |

NU CHAPTER OF GAMMA PHI BETA SORORITY, I 93-0171801 Page 5

| Pa     | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V  |                 |                   |            |
|--------|---|-----------------|-------------------|------------|
|        |   |                 | Yes               | No         |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | $\neg$          | التعد             |            |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |                 | 1                 |            |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |                 |                   | l          |
|        | (gambling) winnings to prize winners?   | 1c              |                   | <b> </b>   |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                 | _                 |            |
|        | filed for the calendar year ending with or within the year covered by this return 2a 0  | -               |                   | l          |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b              |                   | L          |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | İ               | İ                 |            |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За              |                   | X          |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b              |                   | ļ          |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |                 | Ì                 |            |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a              |                   | X          |
| b      | If "Yes," enter the name of the foreign country: ▶  |                 | 1                 |            |
|        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  | j               |                   |            |
| 5а     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a              |                   | X          |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b              |                   | _ X_       |
| С      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c              |                   |            |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | 1               |                   |            |
|        | any contributions that were not tax deductible as charitable contributions?   | 6a              |                   | <u>X</u>   |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                 |                   |            |
|        | were not tax deductible?  | 6b              |                   |            |
| 7      | Organizations that may receive deductible contributions under section 170(c).   | }               |                   |            |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a              |                   |            |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b              | $\longrightarrow$ |            |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | _               | - 1               |            |
|        | to file Form 8282?  | 7c              |                   |            |
|        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7.              | -                 |            |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e<br>7f        |                   |            |
| f      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |                 |                   |            |
| g<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7g<br>7h        |                   |            |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting   | <del>/</del> !! | -+                |            |
| Ü      | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 8               |                   |            |
| 9      | Sponsoring organizations maintaining donor advised funds.   |                 |                   |            |
| a      | Did the organization make any taxable distributions under section 4966?   | 9a              | ļ                 |            |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b              |                   |            |
| 10     | Section 501(c)(7) organizations. Enter  | -               | 一                 |            |
|        | Initiation fees and capital contributions included on Part VIII, line 12  |                 |                   |            |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |                 | 1                 |            |
| 11     | Section 501(c)(12) organizations. Enter.  |                 |                   |            |
| а      | Gross income from members or shareholders   | 1               |                   |            |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against  |                 |                   |            |
|        | amounts due or received from them.)   |                 | - 1               |            |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a             |                   |            |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 1               | 1                 |            |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | $\dashv$        | -                 |            |
| а      | is the organization licensed to issue qualified health plans in more than one state?  | 13a             |                   |            |
|        | Note. See the instructions for additional information the organization must report on Schedule O.   |                 |                   |            |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the  |                 |                   |            |
|        | organization is licensed to issue qualified health plans  |                 |                   |            |
|        | Enter the amount of reserves on hand  |                 | $\dashv$          |            |
|        |   | 14a             | $-\!\!+$          | <u>X</u> _ |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b             |                   |            |

93-0171801

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|  | Check if Schedule O contains a response to any question in this Part VI   |         |      | $\mathbf{x}$ |  |  |  |  |  |
|--|---|---------|------|--------------|--|--|--|--|--|
| Sec  | tion A. Governing Body and Management   |         |      |              |  |  |  |  |  |
|  |   |         | Yes  | No           |  |  |  |  |  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year   |         |      |              |  |  |  |  |  |
|  | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |      |              |  |  |  |  |  |
|  | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.                               | ,       |      |              |  |  |  |  |  |
| b  | Enter the number of voting members included in line 1a, above, who are independent 1b   |         |      |              |  |  |  |  |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            | 1       |      |              |  |  |  |  |  |
|  | officer, director, trustee, or key employee?  | 2       |      | Х            |  |  |  |  |  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |      |              |  |  |  |  |  |
|  | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3       |      | x            |  |  |  |  |  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |      | Х            |  |  |  |  |  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |      | X            |  |  |  |  |  |
| 6 Did the organization have members or stockholders? |   |         |      |              |  |  |  |  |  |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |      |              |  |  |  |  |  |
|  | more members of the governing body?   | 7a      | X    |              |  |  |  |  |  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |      |              |  |  |  |  |  |
|  | persons other than the governing body?  | 7b      | Х    |              |  |  |  |  |  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |      |              |  |  |  |  |  |
| а  | The governing body?   | 8a      | X    | i            |  |  |  |  |  |
| b  | Each committee with authority to act on behalf of the governing body?   | 8b      | Х    |              |  |  |  |  |  |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |      |              |  |  |  |  |  |
|  | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |      | X            |  |  |  |  |  |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)                     |         |      |              |  |  |  |  |  |
|  |   |         | Yes  | No           |  |  |  |  |  |
| 10a  | Did the organization have local chapters, branches, or affiliates?  | 10a     |      | X            |  |  |  |  |  |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |      |              |  |  |  |  |  |
|  | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |      |              |  |  |  |  |  |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     |      | <u>X</u> _   |  |  |  |  |  |
| b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |      |              |  |  |  |  |  |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | X    |              |  |  |  |  |  |
| b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     |      | _X_          |  |  |  |  |  |
| С  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |      |              |  |  |  |  |  |
|  | ın Schedule O how this was done   | 12c     | Х    |              |  |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?   | 13      |      | X            |  |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?  | 14      | Х    |              |  |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |      |              |  |  |  |  |  |
|  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |      |              |  |  |  |  |  |
| а  | The organization's CEO, Executive Director, or top management official  | 15a     |      | <u>X</u>     |  |  |  |  |  |
| b  | Other officers or key employees of the organization   | 15b     |      | <u>X</u>     |  |  |  |  |  |
|  | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |      |              |  |  |  |  |  |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         | l    |              |  |  |  |  |  |
|  | taxable entity during the year?   | 16a     |      | <u>X</u>     |  |  |  |  |  |
| b  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |      |              |  |  |  |  |  |
|  | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         | l    |              |  |  |  |  |  |
|  | exempt status with respect to such arrangements?  | 16b     |      |              |  |  |  |  |  |
| Sec.   | tion C. Disclosure  |         |      |              |  |  |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed ► NONE   |         |      |              |  |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a    | vailabi | е    |              |  |  |  |  |  |
|  | for public inspection. Indicate how you made these available. Check all that apply  |         |      |              |  |  |  |  |  |
|  | Own website Another's website X Upon request Other (explain in Schedule O)  |         |      |              |  |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and    | l fınan | cıal |              |  |  |  |  |  |
|  | statements available to the public during the tax year.   |         |      |              |  |  |  |  |  |
| 20   | State the name, physical address, and telephone number of the person who possesses the books and records of the organizat           | ion: ►  |      |              |  |  |  |  |  |
|  | AUDREY GRASER - 541-344-1606  |         |      |              |  |  |  |  |  |
|  | 1021 HILYARD ST, EUGENE, OR 97401   |         |      |              |  |  |  |  |  |

| Form 990 (2012)                        | NU     | CHAPTER        | OF   | GAMMA      | PHI    | BETA    | SORORITY,     | I   | 93-0171801 | Page_ |
|--|--------|----------------|------|------------|--------|---------|---------------|-----|------------|-------|
| Part VII Compensation                  | n of C | Officers, Dire | ctor | s, Trustee | s, Key | y Emplo | yees, Highest | Com | pensated   | •     |
| Employees, and Independent Contractors |        |                |      |            |        |         |               |     |            |       |

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any. See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

| (A)                           | (B)                    |                                |                       | (0          | C)             |                              |               | (D)                  | (E)                       | (F)                          |
|-------------------------------|------------------------|--------------------------------|-----------------------|-------------|----------------|------------------------------|---------------|----------------------|---------------------------|------------------------------|
| Name and Title                | Average                | (do                            | not c                 | Pos<br>heck | ntior<br>more  | i<br>than                    | one           | Reportable           | Reportable                | Estimated                    |
|                               | hours per<br>week      | box                            | , unle<br>cer ar      | ss pe       | rson<br>Irecto | is bol<br>or/trus            | h an<br>stee) | compensation<br>from | compensation from related | amount of other              |
|                               | (list any              | į                              |                       |             |                |                              |               | the                  | organizations             | compensation                 |
|                               | hours for              | r dire                         |                       |             |                | E E                          |               | organization         | (W-2/1099-MISC)           | from the                     |
|                               | related                | stee                           | ruste                 |             |                | bensa                        |               | (W-2/1099-MISC)      |                           | organization                 |
|                               | organizations<br>below | nal dr                         | lonal                 |             | ploye          | tcom<br>re di                |               |                      |                           | and related<br>organizations |
|                               | line)                  | Individual trustee or director | Institutional trustee | Officer     | Key en         | Highest compensated employee | Former        |                      |                           | Organizations                |
| (1) EMILY PELLEGRINI          | 20.00                  |                                |                       |             |                |                              |               |                      |                           |                              |
| PRESIDENT                     |                        |                                | <u> </u>              | X           |                |                              |               | 0.                   | 0.                        | 0.                           |
| (2) KATHRYN GERBER            | 10.00                  |                                |                       |             | ļ              |                              |               | _                    | _                         | _                            |
| ADMINISTRATIVE VICE PRESIDENT | 1                      |                                | _                     | X           |                | _                            |               | 0.                   | 0.                        | 0.                           |
| (3) AUDREY GRASER             | 15.00                  |                                |                       |             |                |                              |               | •                    |                           | •                            |
| FINANCIAL VICE PRESIDENT      |                        |                                |                       | X           | _              |                              |               | 0.                   | 0.                        | 0.                           |
|                               |                        | ł                              |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                | <u> </u>              |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                | <u> </u>                     |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       | -           |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               | -                      |                                |                       | -           |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      | }                         |                              |
|                               |                        | $\dashv$                       |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           |                              |
|                               |                        |                                |                       |             |                |                              |               |                      |                           | -                            |
|                               |                        |                                | ı                     |             |                |                              |               |                      |                           |                              |

| Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)   Average   Properties   Propert      | Form | 990 (2012) NU CHAPT                             | ER OF G  | <u>MA</u>                     | MA                                      | PI       | HI   | В                               | ET.    | A SORORITY,                              | I 93-0   | 171      | 801       | F                           | age 8             |
|---|------|---|--|-------------------------------|---|----------|--|---------------------------------|--------|--|--|----------|-----------|-----------------------------|-------------------|
| Name and title    Average hours per version without per version without the compensation from the data of the compensation from the     | Pa   | t VII   Section A. Officers, Directors, Trus    | stees, Key Em                                  | ploy                          | /ees                                    | , an     | d Hi   | ighe                            | st C   | Compensated Employe                      | es (continued)                                 |          |           |                             |                   |
| 1b Sub-total  C Total from continuation sheets to Part VII, Section A  D 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,   |      | (A) (B)  Name and title Average hours p week    |  |                               | (do not ch<br>box, unles<br>officer and |          | Position<br>heck more than one<br>ss person is both ar |                                 |        | ( <b>D)</b> Reportable compensation from | ( <b>E)</b> Reportable compensate from related | on<br>d  |           | stimat<br>mount             | of                |
| Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ► 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization From Trust From From From From From From From From   |      |   | hours for<br>related<br>organizations<br>below | Individual trustee or directo | Institutional trustee                   | Officer  | Key employee   | Highest compensated<br>employee | Former | organization                             |  |          | org<br>ar | rom th<br>ganiza<br>id rela | ie<br>tion<br>ted |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  None  (B)  Description of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year  |      |   |  |                               |   |          |  |                                 |        |  |  |          |           |                             |                   |
| Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ► 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization From Trust From From From From From From From From   |      |   |  |                               |   |          |  |                                 |        |  |  |          |           |                             |                   |
| Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ► 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization From Trust From From From From From From From From   |      |   |  | !                             |   |          | !  |                                 |        |  |  |          |           |                             |                   |
| Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ► 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization From Trust From From From From From From From From   |      |   |  |                               | ı                                       |          |  |                                 |        |  |  |          |           |                             |                   |
| Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   ► 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization for the calendar year ending with or within the organization of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization From Trust From From From From From From From From   |      |   |  |                               |   |          |  |                                 |        | ,,,,,,                                   |  |          |           |                             |                   |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  None  (B)  Description of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year  |      |   |  |                               |   |          |  |                                 |        | ,  |  |          | •         |                             |                   |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  None  (B)  Description of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year  |      |   |  |                               |   |          |  |                                 |        |  |  |          |           |                             |                   |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization is tax year  (A)  None  (B)  Description of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization is tax year  |      |   |  |                               |   |          |  |                                 |        |  |  |          |           |                             |                   |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      1  | С    | Total from continuation sheets to Part VI       | <br>I, Section A                               |                               | •                                       |          |  | <b>&gt;</b> .                   |        | 0.                                       |  | 0.       |           |                             | 0.                |
| Significant properties of the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is contracted in the contractors in the contractor in the contractors in the contractor in the c  | ~    | Total number of individuals (including but n    | ot limited to th                               | ose                           | liste                                   | d ab     | ove  | ) wh                            | o re   | <del></del>                              | ,000 of reportabl                              |          |           |                             |                   |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  None and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the org | 3    | Did the organization list any former officer,   | director, or tru                               | stee                          | , ke                                    | y em     | plog   | yee,                            | or h   | nighest compensated e                    | mployee on                                     | [        |           | Yes                         |                   |
| Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0   | 4    | For any individual listed on line 1a, is the su | m of reportabl                                 |                               |   |          |  |                                 |        |  | the organization                               | <u> </u> |           |                             |                   |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation in the organization.  | 5    | Did any person listed on line 1a receive or a   | ccrue compen                                   | satı                          | on fi                                   | rom      | any  | unre                            |        |  | dual for services                              | }        |           |                             |                   |
| the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0   | Sec  |   | piete comedate                                 | , , , , ,                     | ,, 00                                   |          | 2070   | <u> </u>                        |        |  |  |          |           |                             |                   |
| Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0   | 1    |   |  |                               |   |          |  |                                 |        |  |  | pensa    | ation f   | rom                         |                   |
| \$100,000 of compensation from the organization   0   |      |   | address  | NC                            | NE                                      | <u>:</u> |  |                                 | _      |  | ervices  | C        |           |                             | <u>1</u>          |
| \$100,000 of compensation from the organization   0   |      |   |  |                               |   |          | <del></del> -  |                                 |        | -  | •  |          |           |                             |                   |
| \$100,000 of compensation from the organization   0   |      |   |  |                               |   |          |  |                                 | +      |  |  |          |           |                             | <del></del>       |
| \$100,000 of compensation from the organization   0   |      |   |  |                               |   |          |  |                                 | +      |  |  |          |           |                             | <del></del>       |
| \$100,000 of compensation from the organization   0   |      |   |  |                               |   |          |  |                                 |        |  |  |          |           |                             | ···               |
|   |      |   | _  | ot lin                        | nited                                   | l to t   | _  |                                 | ted a  | above) who received m                    | ore than                                       |          |           | 200 (2                      | 010)              |

232008 12-10-12

|  |          | Check if Schedule O contains                 | a response   | to any question | in this Part VIII    |  |                                |  |
|--|----------|--|--------------|-----------------|----------------------|--|--------------------------------|--|
|  |          |  |              |                 | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |
| र र  | 1 2      | Federated campaigns                          | 1a           |                 |                      |  | 70701100                       | 313,01314  |
| an I   | h        | Membership dues                              | 1b           |                 | 1                    |  |                                |  |
| عَ ق   |          | Fundraising events                           | 1c           |                 | 1                    |  |                                |  |
| if A   | 4        | Related organizations                        | 1d           |                 |                      |  |                                |  |
| 2,5  | ر ا      | Government grants (contributions             |              |                 | -                    |  |                                |  |
| Si Si  | f        | All other contributions, gifts, grants, a    |              |                 | 1                    |  |                                |  |
| 호  | '        | similar amounts not included above           | "   1f       | 10,445.         |                      |  |                                |  |
| 草口   | _        | Noncash contributions included in lines 1a-1 |              | 10,440.         | 1                    |  |                                |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 9<br>  h | Total. Add lines 1a-1f                       | · •          |                 | 10,445.              |  |                                |  |
| <u> </u>   | ''       | Total, Add lines 14 11                       |              | Business Code   | 10,445.              |  |                                | <u> </u>   |
| o o  | 2 a      | ROOM AND BOARD                               |              | business code   | 389,601.             | 389,601.                               |                                |  |
| Š  | b        | CILL DEED DIEG / TEEC                        |              |                 | 89,930.              |  |                                |  |
| Ser  | c        | INTERNATIONAL DUE                            |              |                 | 24,026.              |  |                                |  |
| Program Service<br>Revenue                             | q        | CITA DEED DISTE DESIG                        |              |                 | 16,185.              | 16,185.                                |                                |  |
| P. G.  | e        |  |              |                 | 10,100.              | 10,103.                                | 7.1                            |  |
| Ĕ  | f        | All other program service revenue            |              |                 |                      |  |                                |  |
|  |          | Total. Add lines 2a-2f                       | •            | <b></b>         | 519,742.             |  |                                |  |
|  | 3        | Investment income (including divid           | dends, inter |                 | 010//120             |  |                                |  |
|  | _        | other similar amounts)                       |              | <b>&gt;</b>     | 39.                  |  |                                | 39.  |
|  | 4        | Income from investment of tax-exe            | empt bond s  | -               |                      |  |                                | 1 33.  |
|  | 5        | Royalties                                    |              | . •             |                      |  | ve/                            | <del> </del>   |
|  |          |  | (ı) Real     | (II) Personal   |                      |  |                                |  |
|  | 6 a      | Gross rents                                  |              |                 |                      | i                                      |                                |  |
|  | b        | Less rental expenses                         |              |                 |                      |  |                                |  |
|  | С        | Rental income or (loss)                      |              |                 |                      |  |                                |  |
|  | d        | Net rental income or (loss)                  |              | . ▶             |                      |  |                                |  |
|  | 7 a      | Gross amount from sales of ()                | Securities   | (II) Other      |                      |  |                                |  |
|  |          | assets other than inventory                  |              |                 |                      |  |                                |  |
|  | b        | Less. cost or other basis                    |              |                 |                      |  |                                |  |
|  |          | and sales expenses                           |              |                 |                      |  |                                |  |
|  | С        | Gain or (loss)                               |              |                 |                      |  |                                |  |
|  | d        | Net gain or (loss) .                         |              |                 |                      |  |                                |  |
| يو   | 8 a      | Gross income from fundraising even           | ents (not    |                 |                      |  |                                |  |
| enne   |          | ıncludıng \$                                 | of           | Ì               |                      |  |                                |  |
| ě  |          | contributions reported on line 1c)           | See          |                 |                      |  |                                |  |
| Other Reve   |          | Part IV, line 18                             | а            |                 |                      |  |                                |  |
| 된  |          | Less. direct expenses                        | b            |                 |                      |  |                                |  |
| _  |          | Net income or (loss) from fundraisi          | _            | <b>&gt;</b> _   |                      |  |                                |  |
|  | 9 a      | Gross income from gaming activities          | es. See      | [               |                      |  |                                |  |
|  |          | Part IV, line 19                             | а            |                 |                      |  |                                |  |
|  |          | Less direct expenses                         | b            | L               |                      |  |                                |  |
|  |          | Net income or (loss) from gaming a           |              | <b>_</b>        |                      |  |                                |  |
|  | 10 a     | Gross sales of inventory, less retur         | ns           |                 |                      |  |                                |  |
| ŀ  |          | and allowances                               | а            | 23,549.         |                      |  |                                |  |
|  |          | Less cost of goods sold                      | b            | 24,553.         | 1 004                | 1 004                                  |                                |  |
| - }  | <u>C</u> | Net income or (loss) from sales of i         | nventory     |                 |                      | -1,004.                                |                                | <u> </u>   |
| ŀ  |          | Miscellaneous Revenue                        |              | Business Code   | 1 471                | 1 471                                  |                                |  |
|  |          | MISCELLANEOUS                                |              |                 | 1,471.               | 1,471.                                 |                                |  |
|  | b        |  |              | -               |                      |  |                                |  |
|  | C        | All other revenue                            |              |                 |                      |  |                                |  |
|  |          | All other revenue  Total, Add lines 11a-11d  |              |                 | 1,471.               |  |                                | <del></del>  |
|  | е<br>12  | Total revenue. See instructions.             |              |                 | 530,693.             | 520,209.                               | 0.                             | 39.  |
|  | 16       | total referred. Oce mondellens.              |              |                 |                      | <u> </u>                               | <u>~ ~ •</u>                   | <u> </u>   |

|           | Check if Schedule O contains a respo   |                       |                              |                                       |   |
|-----------|--|-----------------------|------------------------------|---------------------------------------|---|
|           | not include amounts reported on lines 6b,<br>, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses   | ( <b>D)</b> Fundraising expenses        |
| 1         | Grants and other assistance to governments and   |                       |                              |                                       |   |
|           | organizations in the United States. See Part IV, line 21   |                       |                              |                                       |   |
| 2         | Grants and other assistance to individuals in  |                       | 1                            |                                       |   |
|           | the United States. See Part IV, line 22  |                       |                              |                                       |   |
| 3         | Grants and other assistance to governments,  |                       |                              |                                       |   |
|           | organizations, and individuals outside the   |                       |                              |                                       |   |
|           | United States See Part IV, lines 15 and 16   |                       |                              |                                       |   |
| 4         | Benefits paid to or for members  | <u> </u>              |                              |                                       |   |
| 5         | Compensation of current officers, directors,   |                       |                              |                                       |   |
| _         | trustees, and key employees  |                       |                              |                                       |   |
| 6         | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and   |                       |                              |                                       |   |
|           | persons described in section 4958(c)(3)(B)   |                       |                              |                                       |   |
| 7         | Other salanes and wages  |                       |                              |                                       |   |
| 8         | Pension plan accruals and contributions (include   | <del></del>           |                              |                                       |   |
| Ū         | section 401(k) and 403(b) employer contributions)  |                       |                              |                                       |   |
| 9         | Other employee benefits  |                       |                              |                                       |   |
| 10        | Payroll taxes  |                       |                              |                                       |   |
| 11        | Fees for services (non-employees).   |                       |                              |                                       | ` · · · · · · · · · · · · · · · · · · · |
| а         |  |                       |                              |                                       |   |
| b         | Legal  |                       |                              |                                       |   |
| С         | Accounting   | 1,864.                |                              | 1,864.                                |   |
| d         | Lobbying .   |                       |                              |                                       |   |
| е         | Professional fundraising services. See Part IV, line 17  |                       |                              |                                       |   |
| f         | Investment management fees   |                       |                              |                                       |   |
| g         | · · · · · ·  |                       |                              |                                       |   |
|           | column (A) amount, list line 11g expenses on Sch O.)   |                       |                              |                                       |   |
| 12        | Advertising and promotion  |                       |                              |                                       |   |
| 13        | Office expenses  | 4,140.                |                              | 4,140.                                |   |
| 14        | Information technology   |                       |                              | · · · · · · · · · · · · · · · · · · · |   |
| 15        | Royalties  | 387,235.              | 207 225                      |                                       |   |
| 16        | Occupancy  | 301,433.              | 387,235.                     |                                       |   |
| 17<br>18  | Payments of travel or entertainment expenses   |                       | ·                            |                                       |   |
| 10        | for any federal, state, or local public officials  | ľ                     |                              |                                       |   |
| 19        | Conferences, conventions, and meetings   |                       |                              |                                       |   |
| 20        | Interest   |                       |                              |                                       |   |
| 21        | Payments to affiliates   | 25,792.               | 25,792.                      |                                       |   |
| 22        | Depreciation, depletion, and amortization  |                       | ,                            | 7 to                                  |   |
| 23        | Insurance  |                       |                              |                                       |   |
| 24        | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                       |                              |                                       |   |
| а         | PUBLIC RELATIONS/SOCIAL  | 32,298.               | 32,298.                      | -/- H                                 |   |
| b         | BUILDING FUND  | 15,766.               | 15,766.                      |                                       |   |
| С         | EDUCATIONAL EXPENSES   | 10,052.               | 10,052.                      |                                       |   |
| d         | PRESIDENT'S EXPENSES   | 6,676.                | 6,676.                       |                                       |   |
| е         | All other expenses   | 33,412.               | 8,794.                       | 24,618.                               |   |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e   | 517,235.              | 486,613.                     | 30,622.                               | 0.                                      |
| 26        | Joint costs. Complete this line only if the organization   |                       |                              |                                       |   |
|           | reported in column (B) joint costs from a combined   |                       |                              |                                       |   |
|           | educational campaign and fundraising solicitation.   |                       |                              |                                       |   |
|           | Check hereif following SOP 98-2 (ASC 958-720)  |                       |                              | l.                                    |   |

NU CHAPTER OF GAMMA PHI BETA SORORITY, I 93-0171801 Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 29,193. 18,078. Cash - non-interest-bearing 1 1 50,006. 79,032. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments · other securities. See Part IV. line 11 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 97,110. 79,199 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,453. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 4,453. 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 79,199. 92,657. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund

Form 990 (2012)

92,657.

97,110.

32

33

34

79,199.

79,199

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

|  | 1990 (2012) NU CHAPTER OF GAMMA PHI BETA SORORITY, I  | 93      | -0111 | <u>80T</u>                            | Page 12      |
|--|---|---------|-------|---------------------------------------|--------------|
| Pa   | rt XI Reconciliation of Net Assets  |         |       |                                       | •            |
|  | Check if Schedule O contains a response to any question in this Part XI   |         |       | _                                     |              |
|  |   |         |       |                                       |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |       |                                       | <u>,693.</u> |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |       |                                       | ,235.        |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |       | 13                                    | ,458.        |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4       |       | 79                                    | <u>,199.</u> |
| 5  | Net unrealized gains (losses) on investments .  | 5       |       |                                       |              |
| 6  | Donated services and use of facilities  | 6       |       | · · · · · · · · · · · · · · · · · · · |              |
| 7  | Investment expenses .   | 7       |       |                                       |              |
| 8  | Prior period adjustments  | 8       |       |                                       |              |
| 9  | Other changes in net assets or fund balances (explain in Schedule 0)  | 9       |       |                                       | 0.           |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                   |         |       |                                       |              |
|  | column (B))   | 10      |       | 92                                    | <u>,657.</u> |
| Pa   | rt XII Financial Statements and Reporting   |         |       |                                       |              |
| Check if Schedule O contains a response to any question in this Part XII |   |         |       |                                       |              |
|  | <u></u>   |         | r     | Y                                     | es No        |
| 1  | Accounting method used to prepare the Form 990: X Cash Accrual Other  |         |       | -                                     |              |
|  | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.      |       | 1                                     |              |
| 2a   | : · · · · · · · · · · · · · · · · · · ·   |         |       | 2a                                    | X            |
|  | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a    | İ     |                                       |              |
|  | separate basis, consolidated basis, or both   |         |       | 1                                     |              |
|  | Separate basis Consolidated basis Both consolidated and separate basis  |         |       | ĺ                                     |              |
| b  | Were the organization's financial statements audited by an independent accountant?                                  |         | ļ     | 2b                                    | X            |
|  | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat     | e basıs | i,    |                                       |              |
|  | consolidated basis, or both   |         |       |                                       |              |
|  | Separate basis Consolidated basis Both consolidated and separate basis  |         |       |                                       |              |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audıt | a     |                                       |              |
|  | review, or compilation of its financial statements and selection of an independent accountant?                      |         |       | 2c                                    |              |
|  | If the organization changed either its oversight process or selection process during the tax year, explain in Sch   |         |       |                                       |              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | igle Au | dit   |                                       |              |
|  | Act and OMB Circular A-133?   |         | }     | 3a                                    | X            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red au  | dıt   |                                       |              |
|  | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |         |       | 3b                                    |              |
|  |   |         |       | Form 9                                | 90 (2012)    |

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Employer identification number

| NU CHAPTER OF GAMMA PHI BETA SORORITY, I 93-0171801                       |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:            |
| THE CULTURAL, SOCIAL, AND EDUCATIONAL GROWTH OF THE MEMBERS.              |
|   |
| FORM 990, PART VI, SECTION A, LINE 6: THE SORORITY IS A MEMBERSHIP        |
| ORGANIZATION BY NATURE.   |
|   |
| FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE GOVERNING BODY  |
| (OFFICERS) ARE ELECTED BY VOTE OF THE MEMBERSHIP.                         |
|   |
| FORM 990, PART VI, SECTION A, LINE 7B: MAJOR DECISIONS AND CHANGES TO THE |
| GOVERNING DOCUMENTS ARE SUBJECT TO A VOTE OF THE MEMBERSHIP.              |
|   |
| FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE        |
| CHAPTER'S FINANCIAL VICE PRESIDENT, WITH THE ASSISTANCE OF THE            |
| ORGANIZATION'S BOOKKEEPER AND THE TREASURER FO THE ORGANIZATION THAT OWNS |
| THE BUILDING.   |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C: MONITORING OF THE CONFLICT OF     |
| INTEREST POLICY IS DONE INFORMALLY BY THE OFFICERS AND ADVISORS OF THE    |
| SORORITY.   |
|   |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 1024 AND   |
| FORM 990 ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE SORORITY HOUSE. |
|   |
|   |